

**NATIONAL CANCER INSTITUTE AT FREDERICK  
PANDEMIC FLU PLAN**

**2007**

***Introduction***

This plan provides a framework to effectively manage the operational risk of influenza pandemic, ensuring the ability to continue operations and to minimize losses and disruption of research.

***Strategy Overview***

The purpose of this document is to develop a preparedness strategy, which will be iterated and updated as appropriate, in the event higher-risk phases are assessed by the World Health Organization (WHO) in the future. This preparedness strategy is designed for the National Cancer Institute at Frederick (NCI-Frederick) to use in developing proactive plans that specifically address ongoing operations.

***WHO Pandemic Planning Strategy***

WHO has reported that a number of countries have experienced outbreaks of avian influenza in domestic poultry and migratory birds since 2004. The outbreaks have been caused by a highly pathogenic strain of influenza known as H5N1 that has crossed the species barrier and infected humans. People have little natural immunity to the H5N1 virus, and it has resulted in higher death rates than the rate for seasonal influenza.

At present, WHO has assessed the avian influenza pandemic risk level at Phase 3, in a system with six phases. The Phase 3 stage of a pandemic alert period is where there is a low risk that limited and localized quarantines will be needed and where travel advisories are recommended for affected areas.

The WHO's six phases of influenza pandemic can be used for planning preparedness purposes. The table below broadly defines the six stages and characterizes the expected level of business disruption.

***Pandemic Phases (Issued by WHO in April 2005)***

<b>Interpandemic Period</b>		<b>Level of Business Disruption</b>
Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infections or disease is considered to be low.	None.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus	None.

	subtype poses a substantial risk of human disease.	
<b>Pandemic Alert Period</b>		
Phase 3 <b>(Current State)</b>	Human infection(s) with a new subtype. No human-to-human spread, or at most, rare instances of spread to a close contact.	Low risk for limited and localized international quarantines. Travel advisories for affected countries.
Phase 4	Small cluster(s) with limited human-to-human transmission. Spread is highly localized, suggesting that the virus is not well adapted to humans.	Increasing risk for localized international quarantines. Some travel restrictions to affected countries.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmittable (substantial pandemic risk).	Broader travel restrictions, increasing likelihood of quarantine for international travelers.
<b>Pandemic Period</b>		
Phase 6	Pandemic: increased and sustained transmission in general population.	Significant worldwide travel restrictions, quarantines, worksite access problems, absenteeism, and staffing issues.

***NIH Continuity of Operations Strategy***

The initial effect of a pandemic on NCI activities would be contingent on the regional or national extent of the event. If the pandemic affected Maryland, the immediate effect would be to curtail operations while preserving the broad activities in order of priority. The following triggers for these curtailments would depend on careful assessments of the movement of a pandemic and estimates of virulence, transmissibility, and spread:

- Caring for patients and supporting hospitalized patients;
- Preserving the health and safety of NCI-Frederick personnel;
- Caring for animals in NCI-Frederick facilities;
- Maintaining communications links (such as Public Affairs);
- Maintaining essential information technology (IT) functions and infrastructure;
- Preserving selected research laboratory functions determined by the government division directors or NCI-Frederick contractor directors in consultation with NCI-Frederick project officers;
- Preserving the grants and other extramural operations, especially if the ability to work off-site can be assured;
- Maintaining scientific data, physical (live or preserved) and documentation (hard copy or electronic);

- Maintaining essential administrative and operational functions, such as payroll, acquisitions, or logistics.

In the latter stages of a pandemic, operations would be scaled back to reduce all but critical patients, critical studies, and long-term investments in the research enterprise, including critical animal resources. If the IT support is maintained, teleworking employees could preserve selected functions. Other functions would be severely curtailed or eliminated altogether.

### ***NCI Planning Assumptions***

A pandemic would require long-term reduction in the conduct of NCI-Frederick business, with preservation of the most critical functions, including selected scientific activities. Given limited availability of vaccine and antiviral therapy, for the purpose of this plan, it has been assumed that a 30% overall reduction in staff for 12 months or more, with peak absentee rates up to 40%, may occur. It is anticipated that the pandemic may occur in two to three waves of eight to twelve weeks' duration over a period of a year or more.

### ***Summary***

The OTS Contractor has reviewed the NIH Pandemic Flu Plan and, with exceptions unique to NCI-Frederick, can support the proposed plan. The OTS Contractor recognizes that employees are either not able to work or they must care for their family members in the event of a pandemic flu emergency. During such a crisis, it is also recognized that operations will be impacted by the reduction in staff. Essential staff and backup staff have been identified to support NCI-Frederick operations. In addition, essential staff has been identified to provide support from alternate locations (home) in the event access to NCI-Frederick is curtailed in any way.

### ***Critical Components for Continuity of Operations***

#### **Public Affairs**

##### ***Emergency Communications in a Flu Pandemic***

Cheryl Parrott, Director, Public Affairs, NCI-Frederick; and Frank Blanchard, Director, Public Affairs, OTS Contractor will channel press inquiries and other pandemic-related information to the NIH director's office and will serve as the primary points of contact on public information issues for the NCI-Frederick campus. Ms. Parrott will be the primary spokesperson for NCI-Frederick. When she is out of the office or unavailable, Mr. Blanchard will automatically serve as primary spokesperson for NCI-Frederick. (Possible back-up spokespersons are Julie Hartman and Wanda Shook-Bartlett.)

NCI-Frederick will post timely updates on status of work locations and other issues relevant to NIH's government and contractor workforce in the Frederick area to its Web site at: <http://www.ncifcrf.gov/campus/emergency/pandemicflu.asp?ForPrint=True>.

This Web page will have many uses for communication:

- It will track the status of NCI and contractor work locations on the NCI-Frederick campus, and satellite locations at Fort Detrick, Industry Lane, NIH, Executive Plaza, Vaccine Pilot Plant, Firstfield, Tollhouse Avenue, Fairview Center, Thomas Johnson Drive, and VA Biotech Park (Three employees are in Africa). The off-site work locations contact is Bob Hardisty, Contract Management Office, 301-846-5667.
- Links from this Web page will direct users to relevant information on disease protection.
- Public affairs officers will refer the local news media, including the *Frederick News Post*, *Frederick Gazette*, local radio stations, and others, to this Web page. These mass media outlets will also receive the names, phone numbers, and other contact information for designated NCI-Frederick spokespersons.
- Dedicated toll-free telephone numbers are available as an alternative source of current information on the status of work locations, with details regarding operations both at Fort Detrick and off site.

Recorded weather line:	301-619-7611
Ft. Detrick's Toll Free Number:	1-800-256-7621, 301-619-7611#
TDD:	301-619-2293

- Focus on radio services provided by NIH for battery-operated radios and emergency local radio service on the NIH campus.

Web page links will point to the NIH Radio News Service Web site at <http://www.nih.gov/news/radio> and note telephone access through the toll-free number, 1-800-MED-DIAL. Audio segments will be accessible through the NIH podcast <http://www.nih.gov/news/radio/nihpodcast.htm>. Local mass media will be notified of these resources through a general media advisory.

- Provide Web information from remote locations over secure servers, if electronic services are available. NCI-Frederick will determine the advisability of posting directly to NIH servers, in coordination with the Office of Communications and Public Liason (OCPL) Online Information Branch. It should be possible to post information continually from remote locations. Postings will be vetted through the Office of the Assistant Secretary for Public Affairs and other NIH offices.

Another form of communication will be to provide voice messages to NIH employees working on area campuses. This activity will be coordinated through OCPL, the Office of Information Technology, and the Center for Information Technology. Systems are in place and have previously been used to distribute voice messages to NIH staff via the OCTEL Voice Mail System. The system provides voice mail services to users at NIH, FDA, and HHS in the Montgomery County area. NCI-Frederick and the OTS Contractor

in cooperation with the Fort Detrick Garrison, will use the emergency weather phone number to post voice messages for the NCI-Frederick workforce.

Communication officers will provide partners and the neighboring community with information. NCI-Frederick has developed a list of community contacts that will be notified about the Web site and the availability of other resources for keeping up to date on the pandemic and its effect on the local community.

With the Office of Extramural Research (OER), OCPL will provide to grantee institutions information related to health information, grant-sustaining information, infrastructure information about animal care and use, and ongoing clinical research, and will establish new communication channels based upon need. OCPL, with guidance from OER, will inform extramural researchers about supplementary grants for mission-critical pandemic flu research. This system is already in place and was used successfully during Hurricane Katrina to provide information to grantee institutions.

With the approval of and guidance from Office of Assistant Secretary of Public Affairs OASPA, communications officers will promptly respond to requests for information from the news media and general public to minimize concern and social disruption. HHS and NIH will provide two types of spokespersons, depending on the information need: public affairs officers and technical/subject matter experts. When an Institute or Center (IC) receives an information request, the request should immediately be forwarded to the OD/OCPL. The request will then be forwarded to the HHS Public Affairs Office to access the request and determine the kind of spokesperson needed to address the issues or provide the information. The information request will then be forwarded to the most appropriate available spokesperson.

NCI-Frederick and the OTS Contractor will follow suit with the directors, Public Affairs, acting as the clearinghouse for information requests, assigning priority, and either responding or directing inquiries to the proper spokesperson, *such as* Dr. Craig W. Reynolds, Associate Director, NCI-Frederick; and Dr. Larry O. Arthur, PI, OTS Contractor.

Both the news media and general public will also be referred to NCI-Frederick and NIH Web sites as resources. In addition, NCI-Frederick and the OTS Contractor will complement media and public outreach efforts of NCI and NIH, using press advisories and releases and electronic distribution methods.

### ***Mass Media***

Primary media contacts include the Frederick *News-Post*, Frederick *Gazette*, and the following radio stations:

Frederick, MD  
WAFY - FM/103.1  
WFMD - AM/930

WFRE - FM/99.9

Hagerstown, MD

WARK - AM/1490  
WWEG - FM/106.9  
WJEJ - AM/1240  
WWMD - FM/101.5  
WQCM - FM/96.7  
NBC - Channel 25

Baltimore, MD  
WBAL - AM/1090  
WIYY - FM/97.9  
WPOC - FM/93.1  
WCAO - AM/600  
B104.3 - FM/104.3

Williamsport, MD  
WCRH - FM/90.5  
WKMZ - FM/95.9

Thurmont, MD  
WTHU - AM/1450

Gettysburg, PA  
WGET - AM/1320  
WGTY - FM/107.7  
Mercersburg, PA  
WSRT - FM/92.1

Greencastle, PA  
WHGT - AM/1380  
WAYZ - FM/104.7

Lancaster, PA  
NBC - Channel 8

Martinsburg, WVA  
WEPM - AM/1340  
WLTF - FM/97.5

Charles Town, WVA  
WMRE - AM/1550  
WXVA - FM/98.3

### ***Current Level of Completion***

A home page on the NCI-Frederick Web site has been created as a place-holder.

A list of NIH contacts has been developed:

NIH OD: Donald M. Ralbovsky (301) 496-5787

NCI OCE: Lenora Johnson (301) 451-4056

NIAID OCPL: Laurie K. Doepel (301) 402-1663

Media lists have been collected.

### **Animal Services**

#### ***Overview***

The OTS Contractor's primary support for Animal Services will reside with the Laboratory Animal Sciences Program (LASP) Directorate. This report provides some general guideline by which LASP will respond to a potential flu pandemic. However, for LASP to design the optimal response to a flu pandemic, we will need considerable input from our customers. And as important as the response to the pandemic is, recovery from the flu pandemic with full restoration of research activities is equally important.

#### ***Scope***

The provisions in this report apply only to NCI rodent colonies housed at NCI-Frederick.

#### ***Assumptions***

Three waves of 30%-40% reduction in LASP staff will occur, with each wave lasting six to eight weeks.

#### ***Personnel Planning***

- Prepare Animal Facility Contact list: **Done**.
- Identify essential positions: Determine minimal personnel needed for cage wash, husbandry, autoclave, inventory and materials, procurement, veterinary treatment, etc. **With a 30% reduction in staff, LASP will not be able to provide optimal husbandry, colony management, and veterinary support to the approximate 60,000 rodent cages.** Certain husbandry practices can be altered, such as less frequent cage changes and less frequent cage/rack change-outs, but, based on the genotype and phenotype of certain transgenic strains, we will quickly reach the point of diminishing return with these changes.
- Develop a plan for cross-training staff: **Done**.
- Stagger break times to reduce large-group interactions.

#### ***Supply and Logistics Planning***

- Identify on-site stockpile location to store six to eight weeks' usage: **Pending**
  - Animal food and bedding;
  - Personal protective equipment (PPE);
  - Disinfectant and cage wash cleaning supplies;
  - Hand sanitizers.
- Maintain at least one type of alternative communication capability, such as cell phone, walkie-talkies, or Nextel.

### ***Animal Husbandry and Health Planning***

- Retrain on facility entrance and room order entry within facilities, because in all likelihood, a skeleton crew will cover multiple facilities.
- Conduct basic hygiene training.
- H5N1 from humans to research animals has not been reported but is a concern. Ask sick workers to stay home.
- Obtain ACUC pre-approval for as many departures from PHS policy and the *Guide* as we can foresee:
  - Ventilated cage changes: From every 2 weeks to 1 time per month;
  - Wire bar lids changes: From every 2 weeks to 1 time per month;
  - Add more bedding material (2 times to stockpile);
  - Less frequent replacement of feed in hoppers.
- Develop a plan to stretch PPE stockpile.

### ***Rodent Colony Management Considerations for Response and Recovery to Be Discussed with NCI Scientific Staff***

- NCI rodent colonies will have a moratorium on breeding due to abbreviated staff. This could lead to valuable strains being lost.
- NCI-Frederick and the OTS Contractor investigators will need to work with LASP to triage strains for cryopreservation.
- Identify multiple centers to perform sperm and embryo banking, such as Taconic, Charles River Laboratories, and NCI-Frederick.

### ***Budget Considerations***

- Funds for stockpiling supplies;
- Funds for cryopreservation effort.

## **IT and Telework Support**

### ***Overview***

The OTS Contractor, Advanced Biomedical Computing Center (ABCC) and the CSS Contractor will provide the primary support for IT and Telework. This report provides supplemental guidance for use by the laboratories, departments, and contractors of NCI-Frederick during the pre-planning, implementation and execution stages of emergency IT operations in the event of a pandemic flu. This policy can be invoked to ensure the continuation of essential information and telecommunications operations during a large-scale emergency situation in the event of a disaster, responding to pandemic influenza, or other unique emergency situations. The intent is to enable the continuation of essential operations through the use of alternative operating procedures reliant on connecting to NCI-Frederick IT and communications systems from remote locations.

### ***Scope***

The provisions of this document apply to all NCI-Frederick employees, government, contractors, and other staff authorized to use IT resources in support of the NCI-Frederick

mission. Individuals deemed to be Essential, Tier I Critical, and Emergency Teleworkers located on the NCI-Frederick campus or in other remote locations, would be covered by these provisions. Central network and telecommunications services are provided by the OTS Contractor. Desktop support is generally provided by CSS Contractor, with individual laboratories and departments identifying essential staff to coordinate IT support internally. This document incorporates all applicable requirements stipulated in the NIH Continuity of Operations Plan dated August 21, 2006.

### ***Assumptions***

*The following assumptions for NCI-Frederick IT requirements are:*

- The IT continuity of operations plans depends on commercial providers for Internet and telecommunications links between remotely located staff and NCI-Frederick IT resources. Commercial providers have uniformly indicated adequacy of their continuity of operations plans and surge capacity adequacy; however, NCI-Frederick has no means of validating the accuracy of these assurances.
- Power to operate internal IT and telecommunications equipment will continue to be available, either through local power companies or continued delivery of fuel for auxiliary power resources.
- Emergency teleworkers will have existing Internet access from their remote locations before the disruptive event. An anticipated surge in new service requests after an event may not be supportable by Internet and telecommunications companies.
- Emergency teleworkers will be able to rapidly deploy, test, and operate home computing environments through use of government- or contractor-supplied desktop or laptop computers.
- The CSS Contractor and OTS Contractor's ability to provide desktop support to remote workers following certain types of disruptive events is likely to be constrained.
- The CSS Contractor, in conjunction with laboratory and department IT staff is the primary resource for coordinating and managing desktop computing resources and service.
- The OTS Contractor (ABCC, FME) is the primary resource for operating the network and telecommunications resources.
- Continuity of operations for critical applications and transactions systems is distributed to the systems' owners and dependent on their continuity of operations capabilities.

### ***Background and Critical Issues***

An influenza pandemic will affect NCI-Frederick in many ways. The IT community's goal is to maintain high-quality IT and telecommunications infrastructure, enabling Essential, Critical, and Emergency Teleworker staff to continue efforts to address remediation of the pandemic, continue critical functions, and preserve research and information assets.

The specific support functions and levels of performance anticipated for various NCI-Frederick mission areas continue to evolve through ongoing planning efforts. The IT support plans, by necessity, will be adjusted to reflect changes. Meeting the NCI-Frederick needs will continue to require close coordination of IT and telecommunications resources delivered from the OTS Contractor and CSS Contractor staffs, in conjunction with departmental IT staff. Control and support for critical applications and transaction systems are distributed and managed by several business owners.

### ***Tasks Required***

*Define legal and administrative aspects of telework policies under special circumstances, including reimbursement issues for staff designated as essential and required to work remotely as directed by NCI-Frederick.*

- The Office of the General Counsel is reviewing formal emergency telework agreement language.
- NCI-Frederick management, along with contractor management, needs to clarify policies and procedures to reimburse contractors and government staff for services or consumable supply expenses incurred in support of emergency telework activities.

*Identify, provision and deploy hardware, software, connectivity and communications needs of staff identified as Critical, Essential and Emergency Teleworkers.*

- Each lab and/or department is responsible for determining the appropriate equipment, software, connectivity, communications, and supplies necessary to support workers at NCI-Frederick facilities or from remote locations. A recommended "standard home office" configuration will be developed by the emergency planning committee (EPC) with input from OTS Contractor, and CSS Contractor IT staff on IT needs.
- Labs and/or departments need to acquire, configure and deploy equipment and supplies necessary to support identified emergency teleworkers who will perform their jobs from remote locations. Configuration of IT equipment should be based on "standards" that have been developed by the OTS Contractor and CSS Contractor IT staff.
- Labs and/or departments also need to determine methods of remote access provided to their staff (such as parachute, VPN, Citrix, MS Terminal Service, etc.) and financial support provided to support individual Internet connectivity. It is recommended that a "survey" be developed to determine remote access needs

by an emergency teleworker. NCI-Frederick management will determine whether financial support should be provided to support individual Internet connectivity. Based on a preliminary survey by the Pandemic Flu Committee (PFC), a large percentage of potential teleworkers currently have access to high-speed Internet connectivity.

- ABCC networking and the NCI-Frederick LAN Office recommend maximum use of high-speed Internet connections to deliver the most productive remote computing experience; modem (dial-in) is supported only at minimal levels.

*Provide technical support for equipment supplied to emergency teleworkers.*

- It is the responsibility of OTS Contractor (networking, telecommunications, and IT security), and CSS Contractor (desktop and application support) to provide technical support to assist emergency teleworkers in a manner consistent with technical support policies, possibly including initial equipment configuration, trouble-shooting, and possibly remote site technical assistance.
- CSS Contractor is responsible for maintaining the central helpdesk operations to assist staff via e-mail or telephone requests; services include remote troubleshooting and remedial efforts, or referral to the ABCC helpdesk or Center for Information Technology (CIT) helpdesk services for additional assistance.
- CIT was provided additional funding to expand its ability of helpdesk staff to work from remote locations in case of disruption to NIH campus. The infrastructure improvements have been deployed and were tested during a remote access test in August 2006. No additional funding to expand NCI-Frederick help desk staff has been provided. NCI-Frederick infrastructure improvements as they relate to teleworking have been implemented.

*Provide training to emergency teleworkers.*

- Provide training to emergency teleworkers to ensure they have the appropriate technical skills and knowledge required to access NIH and NCI-Frederick systems and perform required job functions from remote locations. CIT has developed such a class and is providing training opportunities. NCI-Frederick should also develop a class and/or Web site with information similar to the NIH class and Web site, but focused on NCI-Frederick concerns and needs.
- Provide training to emergency teleworkers regarding teleworking and emergency teleworking policies. The focus is to teach staff about safe and appropriate remote working practices to comply with NIH, OPM, and NCI-Frederick requirements. The NIH Office of Strategic Management Planning (OSMP) has developed training materials to address this need.

Similar materials could be developed for NCI-Frederick based on the NIH training resources, specific to the required training for NCI-Frederick.

*Define central IT hardware and personnel support requirements.*

- Capacity for high-speed remote access to the NCI-Frederick campus was increased during the past nine months as part of an overall network upgrade. Currently, up to 2,200 concurrent users, about 70% of the NCI-Frederick staff, can be supported with secure remote access to the network.
- An analysis of NIH hosting resources and reliability to support a significant increase in NIH- and HHS-supported Web sites indicated that the current capacity is adequate to support a dramatic increase in reliance on NIH Web sites for information accessed by the public during a pandemic event. This is not expected to be as major a requirement as NIH's, since NCI-Frederick operates on a smaller scale and is part of a larger entity.
- The NCI-Frederick Emergency Preparedness Committee (EPC) in conjunction with OTS Contractor's ABCC and CSS Contractor, should identify key staff required to support continuity of operations under emergencies and extended disruptive events, such as the influenza pandemic. Phone trees have been established through EHS's security office. Based on laboratory or department needs, these can be customized or additional lists can be created.

*Provide telecommunications support.*

(i) An analysis of NCI-Frederick telecommunications, including assessments of telephone operations, two-way radios, and paging systems, indicated no expansion of existing services is required.

(ii) Departments are encouraged to assess deployment of additional conference call capabilities and use of call forwarding features from desk phones to remote locations in the event of an extended disruption to the NCI-Frederick campus. If determined to be part of department continuity of operation plans, requests for these additional capabilities should be made to the FME Telecommunications shop. Ability to call forward to home phones or other off-campus locations is available. Coordination with the FME Telecommunications shop is required and a plan should be put in place for implementation as needed. Additionally, voice mail access is available with either a local call exchange or via toll-free access.

*Test IT infrastructure and remote user capabilities.*

- NIH conducted NIH remote-access testing; ICs and more than 1,500 staff participated in August 2006. The test demonstrated significant robustness of core infrastructure capacity but also highlighted the need to refine testing of home computing resources and expanded staff training to ensure a seamless transition to alternative work locations.
- ICs need to continue participating in additional NIH-wide testing, as requested by the Office of Research Services (ORS) Pandemic Planning Coordinator to improve NIH preparedness, ensuring continuity of operations under potential disruptions to the NIH campus. NCI-Frederick should also evaluate the advantages of information to be gleaned from participation in these NIH-wide

tests. Although much of the test is NIH-centric, NCI-Frederick could develop NCI-Frederick-specific tests to perform and analyze as part of the larger event.

- NCI-Frederick is encouraged to conduct internal testing to ensure the adequacy of NCI-Frederick continuity of operations plans and existing preparations.

*Provide continuity of operations plans for IT services.*

CIT currently has continuity of operations plans for each of its operating Divisions but is undergoing a comprehensive revision to standardize content quality and incorporate improved support for Critical IT systems identified during pandemic preparation efforts and an Executive Officer survey conducted in March 2006.

***Current Level of Completion***

*Define legal and administrative aspects (as listed above)*

- OSMP completed the draft language for emergency telework agreements and the Office of the General Counsel is reviewing the draft. The current draft does not clearly define the processes and adjustments to contracts to reimburse NIH staff and contractors for expenses incurred during emergency telework.
- NCI-Frederick will closely watch the policies that NIH implements in this regard. Additionally, contractor management and government contracting officers will meet to determine any changes required for NCI-Frederick contractors to utilize teleworking.

*Identify, provision, and deploy hardware*

- As critical NIH and IC operations to be provided under a pandemic scenario are clarified, ICs continue to identify critical staff that require additional support for remote working capabilities and to identify the provisioning tools needed.
- An online survey is available to identify NCI-Frederick Essential, Critical, and Emergency Telework employees. The employee listing is automatically updated, since staff changes, and management may update or change the essential employee designation at any time. The online survey will be required to be updated annually.

*Provide technical support*

The NCI-Frederick EPC and the PFC (Pandemic Flu Committee) continue to organize support efforts and clarify the scope of services to be provided under various telework or emergency telework policy decisions.

*Provide training*

- ICs have historically provided training in support of remote workers under official telework agreements. A new CIT "Working from Home—Understanding the Technologies" class is now available. A videocast of the training will be available for online viewing by December 2006. An updated OSMP and OPM

teleworker training class is being finalized and should be available to NIH staff in September 2006.

- The classes offered are either NIH-centric or generalized for the government. NCI-Frederick should create similar training that covers needs specific to the Frederick community.

*Define central IT hardware*

- Central IT resources have already been assessed and improvements deployed.
- NCI-Frederick network infrastructure provides sufficient capacity for remote access to teleworkers. Additional analysis of other IT resources may be required.

*Provide telecommunications support*

Recommendations for expanded use of existing telecommunications features need to be determined and distributed to the laboratories and/or departments at NCI-Frederick.

*Test IT infrastructure*

- An initial NIH-wide test was conducted in August 2006. Additional tests may be conducted during FY 2007 if requested by the NIH ORS Pandemic Planning Coordinator.
- NCI-Frederick could participate in future NIH-wide tests if requested. These could be used to determine readiness and deficiencies in the NCI-Frederick telework plan.

***Prioritization of Tasks***

The paramount goals of the IT pandemic plan are to ensure continuity of operations for critical NCI-Frederick infrastructure, support access to NIH and NCI-Frederick resources, and ensure the ability of NCI-Frederick staff to perform essential and regular job functions from remote locations. Although each of the task areas identified in this document is critical to the legal and technical success of teleworking, the items prioritized for this document reflect a preference for the technical requirements to enable teleworking. The order of preference is:

- (1) Ensure capacity and continuity of central network and telecommunications services.
- (2) Identify, provision, and deploy equipment and connectivity for emergency telework staff.
- (3) Provide training to emergency telework staff.
- (4) Test IT infrastructure and remote user capabilities.
- (5) Provide technical support for emergency telework staff's equipment.
- (6) Provide telecommunications support and expanded use of available features.
- (7) Provide continuity of operations plans for IT services.
- (8) Define legal and administrative aspects of telework and expense reimbursement policy.

### ***Timeline***

No specific dates for most additional IT preparation efforts have been set, as many are either evolving or dependent on other NCI-Frederick decision points or policies. The critical network and telecommunications infrastructure is already deployed and immediately available for an expansion of remote access users.

Laboratories and departments must continue to develop first-level identification of Essential and Critical staff for potential emergency telework and must prepare to participate in upcoming tests. As critical functions and the staff performing those activities are refined, identifying critical staff and deployment of necessary remote computing resources will continue to evolve.

The training to introduce novice teleworkers to home computing technology is available upon request. The online video cast of this material will be available by December 2006. As an interim step, CIT established a comprehensive Web site to provide explanations of NIH IT systems, Internet connection options, and step-by-step instructions for use of myriad home computing resources. Refer to <<http://cit.nih.gov/ITEventTest>>. NCI-Frederick must review the information available from NIH and either augment or modify it to meet NCI-Frederick needs. New training material may need to be developed to best suit NCI-Frederick requirements.

Technical support for teleworking staff is available to all NCI-Frederick laboratories and departments. The level of support depends on NCI-Frederick policies regarding remote user equipment. The level of required support could evolve, based on additional NCI-Frederick policy guidance for emergency teleworkers, and could result in the need to modify existing desktop support contracts. Expanded use of NCI-Frederick telecommunications features is immediately available, subject to the submission of work requests. As discussed in other sections of this document, a “standardized” telework configuration will be developed to allow better support when limited resources exist in the technical support area during an emergency.

### ***Training Plan***

NCI-Frederick should evaluate the existing training offerings from NIH and then modify or augment them with NCI-Frederick–specific information. It is extremely important that teleworkers be trained correctly, since IT resources, which include technical support, may be very limited if an emergency occurs.

### ***Testing Plan***

NIH has conducted a test of remote worker use of NIH IT resources that demonstrated the successful ability of its infrastructure to support access across NIH. Additional tests can be conducted when the ORS Pandemic Coordinator requests, if additional emergency teleworkers are designated, or if the number of teleworkers indicates a need for significant load testing of the existing infrastructure.

NCI-Frederick will follow this plan and may participate in future testing days. However, participation may depend on designating enough teleworkers in a wide-enough range of

areas at NCI-Frederick. Also, testing criteria specific to NCI-Frederick will need to be developed and policies that allow participation in the test for teleworkers will have to be finalized.

## **Acquisition and Logistical Services**

### ***Prime Contract Compliance***

Acquisition and Logistical Services (ALS) will continue to provide the best service given the nature of the emergency and the availability of supplies and tools/equipment necessary to perform ALS functions. We need detailed guidance from the Facility as to identification of critical services/supplies so we know the level of support needed to accommodate the ordering, receipt, and delivery of those items or services. We will most likely be hit with the same decrease in staff available to work. Also, we are one of many entities that would be draining the supply chain. Alternate sources should be identified, but may or may not be viable, due to the large number of supplies that are currently sole-sourced.

### ***ALS Services***

**Acquisition** provides centralized procurement and procurement programs to purchase all equipment and supplies, research support services, consulting services, vehicles, off-site facilities and support, architecture and engineering services, construction/renovation projects, and interim facilities.

**Logistical Services** provides receipt, inspection, and delivery of all incoming items; operation of the Central Warehouses; courier services, domestic and international mail services (incoming and outgoing), interoffice correspondence; and relocation of household goods for new employees.

**Property Accountability** manages all government-owned property, including inventories, transfers of property internally and externally, trade-ins, and GSA sales; contractor-acquired government capital, equipment listing.

The OTS Contractor is liable under FAR 52.237-2 for the real and personal property associated with the on-site repositories. To mitigate the government's risk, loss of inventory of samples is covered in the insurance requirement flowed down to and paid from the subcontractor's annual operating budget. If clinical trials are shut down in accordance with the NIH plan, the OTS Contractor would take all immediate and appropriate steps to stop work and/or terminate its outsourcing subcontracts in support of the NIAID/VRC to mitigate further financial risk to the government.

### ***Subcontract Continuity Plan***

Upon identification of critical goods and services and/or alternate sources, ALS will assess the need to modify and establish new contracts that include continuity of services, pertinent administrative information, and vendor-provided contingency plans.

Appropriate questionnaires and modification clauses will be adapted from the existing NIH *Acquisition Strategy Plan* and the OTS Contractor information.

During the planning phase, ALS will assess the availability and shelf life of items, the probability of continuity of services, and how each contract can be streamlined in an emergency up to and including reprieve from standard requirements.

Subcontract processes and Simplified Acquisitions will be streamlined and utilized for maximum efficiency for the item/service being acquired. Letter contracts, purchase card payments, and other mechanisms for ordering and for payments will be utilized to the maximum extent practical. Blanket Purchase Agreement releases and Purchase Cards are currently used for the majority of routine procurement actions. Virtually every program area, whether laboratory and administrative, uses blanket releases and purchase cards. Potential expanded use and/or expanded authority will be explored for the Blanket Order and Purchase Card program.

***The OTS Contractor, ALS Will Provide Backup to NCI Mission-critical Activities***

NIH and SAIC-Frederick operate under two totally separate hierarchal systems for authorities and procedures as well as management information systems and forms. From page 7 of 53 in the NIH *Acquisition Strategy Plan*, three classes of mission-critical procurement requirements emerge: providing for 1) patients, animals, etc.; 2) critical research science; and 3) critical functions to support the first two classes, such as IT, security, etc.

Since the OTS Contractor has no access to and no authority for NIH/NCI systems, a program would have to be set up to administer the exchange of financial and procurement data. A crosswalk would have to be established so the two systems could communicate effectively, i.e., CAN to center number, the OTS Contractor GL codes to NCI codes, signature authority, etc. for any procurement action. Appropriate funding transfer and capturing of data would have to be detailed, as well as a clear understanding of which policies and procedures system would prevail (NCI or OTS Contractor.).

Additional subjects that would have to be addressed: paying sales tax, insurance requirements, and necessity of adherence to (or at a minimum contemplation of) corporate requirements and/or negotiating the OTS Contractor terms and conditions. The OTS Contractor would evaluate expedited terms and conditions that could simplify procurements and eliminate potential delays in negotiations (while adhering to the spirit and intent of the Federal Acquisition Regulations).

It is critical that a clear identity be established and maintained for the legal procurement entity and pay entity for these procurements. Considerations include: government check or the OTS Contractor check and EIN; tax liabilities; appropriate authorization to use NIH/NCI contracts to vendors; and clear identities of the parties that are entering into agreements and fulfillment of any obligations included in such agreements both during and potentially after emergency conditions.

Access and training would have to be granted by NIH to the OTS Contractor Acquisition authorities in order to utilize NIH-specific contracts, i.e., those that the OTS Contractor

does not currently support. These include patient, IT, research, security, and perhaps some animal support contracts. Therefore, although ALS acquisition staff could be poised to back up NIH/NCI activities, implementing that backup with any level of accountability would be complicated.

***Reprieve for Requirements That Might Not Be Met during Emergency Conditions***

Through NCI-Frederick, the OTS Contractor would seek potential relief of contract-required reports and pre-approvals in order to expedite acquisition or logistics-based projects that would not jeopardize the government and/or the OTS Contractor but would allow for a quick reaction method for response during such emergency conditions. Such areas identified for reprieve are as follows:

***Reporting Requirements***

- Subcontracting Plan reporting
- Executive Summary, Annual Report, Contract Performance Status Reports
- Reports of Shipment
- Fleet reports—Fuel Consumption Report to NCI, FAST and OMB-A11 reports to HHS
- Input to FME for the FPSR
- Property inventories

***Clearances***

- Fogarty
- Export controls

***Prime Contract***

Flow down of any pertinent or applicable legislation concerning emergency preparedness

***COA Requirements***

Purchase or lease of real property or any interest therein

- Renovation, alteration of facilities, A&E
- Foreign and legal services subcontracts
- Advisory and assistance services and any consultant agreements
- Awards to the contractor's or its parent organization or other NCI-Frederick contractors
- Ratifications of unauthorized acquisitions
- Any sale/barter of supplies or services generated under this contract
- The final subcontract and Task Orders issued to Bechtel National, Inc.
- Training when the total cost per individual is \$250 or more
- Any leased or acquired vehicle.

***Limitations to Storage Capacities and/or Maximum Quantities Allowed***

- There is a maximum of available storage for Industrial Alcohol in the Supply Warehouse.

- ALS maintains Building 1051 as the only storage area on the Facility meeting AALAC requirements for feed and bedding.

***Authorities***

- Establish extended signature authorities to be effective upon emergency notification
- Establish extended or surrogate blanket order and p-card authorities, by dollars and/or center number
- Streamlined peer review of procurements, particularly at \$1 million threshold.

***Financial Requirements***

Purchasing will work with General Accounting to establish procurement cards and/or other mechanisms to enable automated payment to vendors by A/P staff as well as to establish a process to continue Petty Cash Reimbursements and cash replenishments during an emergency.

***Corporate Requirements***

Lease reporting: Quarterly requirement will continue to be supported through remote operations as necessary.

The OTS Contractor will consider and evaluate necessary changes or alternations to standard terms and conditions for both standard and international contracting to allow for expedited procurements in a limited staff environment without adding risk or liability.

***Information for Items/Services That End Users Order***

***Supply warehouses***

ALS will need direction by program areas to determine the appropriate stock levels for items at each impact level, increasing or decreasing as indicated, and perhaps to let stock deplete. It may be necessary to convert space to accommodate different needs, including stockpiling certain items. As an example, the Maintenance Warehouse could be used as an overflow for stock increases for the Central Supply Warehouse, particularly on the mezzanine, although procurement of additional freezers for perishable items would be required. Obtaining the shelf life of items will occur after critical individual line items are identified.

Following is a list of the categories of items stocked in each warehouse:

<u>Maintenance Warehouse -</u>	<u># Line Items Stocked</u>	<u>Stock Value</u>
	4,876	\$928,706

Items used to maintain buildings, equipment, etc.

<u>Central Supply Warehouse -</u>	<u># Line Items Stocked</u>	<u>Stock Value</u>
	594	\$437,172

Animal Supplies  
 Chemicals  
 Cleaning/Household-type items  
 Occupational Clothing  
 Compressed Gases  
 Lab Supplies  
 Office Supplies – mostly forms  
 Personal Items – barrier area use  
 Reagents – Applied Biosystems, Invitrogen, Roche, misc.  
 Service Worker – bags, carpet mats, etc.

***Blanket orders***

ALS has established 350 blanket purchase agreements. All program areas (Contracts and Administration; Environment, Health, and Safety; Occupational Health Services; Facilities Maintenance and Engineering; research laboratories) must provide guidance from a critical item/service list so we can methodically modify contracts and capture any specific requirements. These specific requirements could include, but not be limited to, unique NCI-Frederick needs, shelf life, replenishment requirements, and the compliance with federal regulations with regard to performance under emergency conditions.

ALS will establish acceptable secondary sources (manufacturing, not distributor) where possible for critical items as defined by the program areas. We would need specific direction for an acceptable alternative for at least 213 sole-sourced blanket purchase agreements.

***Level of Coverage by Personnel Onsite***

ALS staffing during such emergencies will be directly related to the level and complexity of outsourced services and critical items identified by the program areas. Specific catalog numbers or services are needed, preferably in tiers of critical items/services so efforts can be directed for the best utilization of time and to help avoid stock being held past its expiry date. ALS will obtain shelf life for identified critical items.

***Logistical Services***

Receiving, Delivery, Transportation, Mail Room, Warehouse and Property personnel, most of whom are covered by the Service Contract Act (SCA), would be needed on-site.

Ideally, Property staff, most of whom are covered by SCA, would be needed to decal all acquired sensitive and capital property. Backup support could be provided by other ALS staff as needed.

Fleet Services probably would not be needed onsite.

### ***Acquisition***

If the funds and connectivity to provide the requisite equipment, supplies, and e-processes cited in the plan are provided, then onsite presence would likely be intermittent or minimal. Examples: a vendor issue or meeting onsite, or to switch some processes on and off. For Purchasing, the greatest disadvantage to not being onsite would be the loss of daily coordination between the Receiving and Purchasing departments for efficient processing of items.

Connectivity would include telework capabilities, printing purchase orders remotely, scanning contracts into SmartStream, activating the attach feature in SmartStream, adding distributive entry capabilities to more program areas, etc.

### ***Coordination/communication***

As is true for most of the laboratories, support personnel, and administration, many of the services required to implement emergency procedures or activate strategies reside in departments other than ALS. The success of continued acquisition services will depend heavily on the coordinated efforts of the IT, Finance, and Accounts Payable departments. ALS is dependent on automated functions to perform all rudimentary functions, allow orders, and communicate with vendors and/or end users.

### ***Recovery***

#### ***ALS***

- Finding stock for timely deliveries from vendors that were also in emergency status or who provided all stock to emergency areas.
- Many rush-purchase requests to gear back up while recovering from auditing emergency documents and perhaps data entry from paper forms.
- Gaps in availability of warehouse items would be likely, and there would be a financial burden from both supply loss and replenishment of stock.
- Reassessment of the sensitive and capital property bought during the emergency period and auditing to ensure the integrity of the database.

#### ***Finance***

- Audit/update extended payment terms and reconcile contract accounts to resume normal payment terms, especially for multiple-year contracts and Blanket Purchase Agreement (BPAs).
- Work with FAS to reconcile transfer of any monies from NCI to NCI-Frederick, if applicable, to specific contracts.
- Reconcile tax issues, etc., for NIH/NCI procurements, if applicable.

## **Human Resources (HR)**

### **Pandemic Flu Plan For Emergency Telework**

#### ***Overview***

This report provides guidance for implementation of the NCI-Frederick Telework Policy for use by NCI-Frederick government and contractor staff during the planning, implementation and execution stages of emergency operations under widespread use of telework. This guidance can be invoked to continue critical operations during a large-scale emergency situation in the event of disaster, responding to pandemic influenza, or other unique emergency situation that prevents Emergency Telework Employees from performing essential operations at normal operating facilities of NCI-Frederick. When warranted, as determined by NCI-Frederick Chief, Management Operations and Support Branch, widespread use of telework may be invoked for employees designated as Emergency Telework Employees. The intent is to significantly enhance the continuation of essential operations through use of telework and to minimize health risks to personnel and the spread of disease.

#### ***Scope***

The provisions of this document apply to all NCI-Frederick government and contractor staff that have been designated as and notified in writing by their management that they are Emergency Telework Employees.

#### ***Assumptions***

Employees who are designated as Emergency Telework Employees under this guidance are expected to continue essential operations work by means of telework as described above. For the purposes of this document, the distinction between Essential Employees and Emergency Telework Employees is as follows:

*Critical Employee:* an employee who will be required to report to NCI-Frederick within the first two hours of the occurrence of an emergency at NCI-Frederick.

*Essential Employee:* an employee who must respond if necessary to emergency situations at the worksite, even when general access is restricted because of the emergency. These employees are required to carry special badges.

*Emergency Telework Employee:* an employee designated to perform essential operational work and support activities via telework during emergency situations involving disaster, health pandemics, or other similar emergency situations.

Emergency Telework Employees continue to be bound by all NCI-Frederick and contractor policies and procedures and shall not engage in any unauthorized activities while on duty, and will use government-owned equipment for authorized purposes only. All pertinent time and attendance, leave, and pay regulations and policies must be observed while in telework status. All salary (including tax issues), leave, and travel entitlements will be based on the official duty station and level of duties performed by the employee during telework hours. The official duty station (regular work location) of the

designated Emergency Telework Employee remains unchanged during periods of telework.

### ***Background and Critical Issues***

A health pandemic or disaster, unlike other emergencies, can create unique conditions where large-scale social distancing strategies might be employed to reduce further spread of a disease/illness. To address the need for continuation of essential operations, NCI-Frederick developed this guidance as a supplement to the NCI-Frederick *Telecommuting Policy*. These supplemental provisions are only applicable during periods of local and national crisis.

To ensure adequate and consistent access to network resources and the continuation of critical operations, management should consider all available options for work hours and schedules. Beyond any official pandemic preparedness testing, managers should take steps now to better prepare their workforce for performance of widespread telework, such as increasing the use of regular Telework agreements (Government staff—refer to NIH Telework Policy) or Occasional or Regular Telecommuting arrangements to ensure continued, smooth access to all necessary systems (Contractors—refer to NCI Policy and Procedure [P&P] 313, Telecommuting).

NCI-Frederick will monitor a draft legislative proposal expanding human resources management authorities during a pandemic health crisis that would enable the Office of Personnel Management to create additional tools for agencies to use in their preparation efforts.

Managers must certify that they have taken all steps to ensure the continued performance of essential operations. This effort should include 1) identification of essential functions that must be maintained during a crisis, 2) cross-training of staff to ensure coverage of the functions, 3) advance determination of which functions can be accomplished through telework and, 4) completion and testing of the logistical arrangements for telework.

### ***Tasks Required, Part 1 of 2:***

#### ***Designation of Emergency Telework Employees***

Upon completion of essential operations and function assessments and identification of employees with the necessary skills and knowledge to perform those functions, line managers must develop and maintain a list of Emergency Telework Employees. Employees must be notified in writing of their designation as Emergency Telework Employees so they are aware of availability requirements, critical operations work, and reporting requirements during emergencies. Line managers are required to review and update the list at least annually to ensure readily available, accurate information.

During periods of crisis, line managers must maintain sufficient contact with Emergency Telework Employees to remain aware of their availability and take appropriate measures to ensure satisfactory performance of Emergency Telework Employees. During the planning phase, line managers will establish Telework agreements (Government staff—refer to NIH Telework Policy) or Occasional or Regular Telecommuting arrangements to

ensure continued, smooth access to all necessary systems (Contractors—refer to NCI P&P 313, Telecommuting).

For employees designated as Emergency Telework Employees, the following addendum will amend the Telecommuting Agreement:

This addendum serves to amend your current Telecommuting agreement. You are hereby notified that based on your responsibility to perform certain critical functions, you will be designated as an Emergency Telework Employee during periods of local or national crisis, such as health pandemics, disaster, or other similar emergency situations. In the event of such an emergency, you are expected to work if directed to, regardless of dismissal or closing notices. A member of line management will make any necessary determinations to modify your schedule and communicate this to you, including instructing you to report to an alternate worksite or use telework to perform your duties in order to maintain operations.

As an Emergency Telework Employee, you will continue to be bound by all NCI-Frederick and contractor policies and procedures and shall not engage in any unauthorized activities while on duty status, and will use government-owned equipment for authorized purposes only. All pertinent time and attendance, leave, and pay regulations and policies must be observed while you are in telework status. All salary (including tax issues), leave and travel entitlements will be based on your official duty station and the level of duties performed during telework hours.

Your official duty station (regular work location) will remain unchanged during periods of telework. You will promptly report any work-related accident that occurs at the telework site and provide medical documentation related to the accident as requested by Occupational Health Services. You will provide access to the telework site as required to investigate an injury report or to permit periodic inspections of the telework site if requested, to ensure proper maintenance of government property. Twenty-four-hour advanced notice of inspections will be given.

*[The employee will sign this addendum.]*

If an emergency is such that it precludes establishing telework agreements for a large number of Emergency Telework Employees, the NCI Director, Management Operations and Support Branch, and Contractor Principal Investigators or their designees have been delegated authority to determine work locations, including alternate work locations and priorities for employees. Such Emergency Telework agreements not covered by Regular Telecommuting agreements do not confer an entitlement to telecommute at any other time. The selection of specific employees or positions required to telework under emergency conditions will depend on the type of unfolding emergency, the resulting operational needs, and the best match of employees' competencies to NCI-Frederick's needs at that time. Employees who wish to telecommute at other times must follow the

process to set up Telework agreements (Government staff—refer to NIH Telework Policy) or Occasional or Regular Telecommuting arrangements (Contractors—refer to NCI P&P 313, Telecommuting).

The Emergency Telework Employee is required to designate a specific work area at the telework site on the formal agreement. For home telework offices, the employee shall maintain the home office work area free of safety hazards and other dangers, and shall use and maintain government property, including files and remote access resources, in a safe and appropriate manner.

The Emergency Telework Employee must immediately report any work-related accident that occurs at the telework site and provide medical documentation related to the accident as requested by Occupational Health Services. The employee must provide access to the telework site as required to investigate an injury report. While teleworking at an alternative work site, an Emergency Telework Employee, who is directly engaged in performing the duties of his or her job and is injured, is covered by the Federal Employees Compensation Act (government employees only) or under the employer's Workers Compensation policy (contractor employees only). Any potential liability is limited to qualified injuries of the Emergency Telework Employee only.

Despite any emergency conditions necessitating the use of telework, employees will still be required to establish alternate worksites that are free of disruptions and distractions, conducive to work, and that meet the physical requirements for office space.

Emergency Telework Employees must permit periodic inspections of the telework site if requested, to ensure proper maintenance of NIH-owned property and telework duty station conformance with safety standards and other requirements. Twenty-four hour advanced notice of inspections will be given.

***Tasks Required, Part 2 of 2:***

***Provide Equipment/Supplies***

NCI-Frederick laboratories and departments must assure and/or help provide Emergency Telework Employees with the equipment and resources necessary to do required work. Designated employees who are loaned government equipment are responsible for taking security precautions at the telework site consistent with NCI-Frederick and NIH policy. Loaned equipment will be properly documented as loaned equipment, serviced and maintained by the government, and is for authorized use by the Emergency Telework Employee only. The provisions of NIH *Manual 2806* on "Limited Authorized Personal Use of NIH Information Technology (IT) Resources" and contractor policies relating to use of government resources will apply even in emergency situations.

Emergency Telework Employees must be provided with appropriate supplies necessary to accomplish required work. These supplies are to be used as authorized for official business only.

As required by the Emergency Telework Employee's position, computer equipment and software at the telework office must be compatible with those at the official duty station to allow the secure exchange of electronic files, communication, and other data between sites. Because many of the documents that employees work on or create during work hours are official government records, users must utilize, maintain, and store this information, taking all necessary and appropriate measures to safeguard sensitive information.

All official government records are subject to both the Privacy Act and the Freedom of Information Act and should not be permanently stored on a personally owned computer. If located on a personal computer due to telework and emergency circumstances, official government records continue to be subject to both the Privacy Act and Freedom of Information Act. This includes any electronic media that is used for transferring or storing files.

Government-owned software that is provided on computers loaned to the employee to perform necessary work assignments or other authorized use is subject to copyright laws and shall not be copied onto other systems that are not authorized. NIH site-licensed software other than anti-virus and anti-spyware is NOT licensed for use on personal home computers. A separate licensing/purchase option is available for employees to install certain NIH licensed software on their personal computers. This option is known as the "Home User Program (HUP)". Further information on this option is available from NCI-Frederick iSDP representative Bill Boyer, at 301-846-5769.

All Emergency Telework Employees are required to have and update NIH anti-virus software located at <http://www.antivirus.nih.gov> regularly on all end-user equipment, whether owned by the government or the user. All electronic media used for transferring or storing information used for telecommuting (for example, disk drives, diskettes, internal and external hard drives or laptop computers), including backup media, removable media, and media containing sensitive information, must be scanned for viruses before use and on a regular basis, as appropriate.

When telework is a job requirement, Emergency Telework Employees must agree to be accessible by telephone during paid work hours while at their alternate workstation, and must provide this contact number to line management to ensure that they are accessible during these hours. A home phone line is sufficient for this purpose as long as the employee has an alternate access plan for data communications (broadband cable, DSL or satellite). Installation of a data or telephone line may be funded by the NCI-Frederick under conditions described in this guidance. Such equipment, if installed, will be used solely for the purpose of conducting authorized business [see NIH Manual 26101-26-08].

Emergency Telework Employees performing assigned work are entitled to reimbursement for long-distance calls placed as part of the execution of their duties. Reimbursement for calls should be processed through the Emergency Telework Employee's administrative office or line manager. As an alternative, NCI-Frederick may choose to issue a long distance calling card to the Emergency Telework Employee.

Emergency Telework Employees must immediately inform their supervisors of any equipment failure or malfunction. NCI-Frederick and contractors will not be responsible for any other operating costs, home maintenance, or any other incidental costs (such as utilities) associated with the use of the Emergency Telework Employee's residence. NCI-Frederick and contractors will not be liable for damages to an employee's real or personal property during the course of performance of official duties or while using government equipment in the employee's residence, except to the extent covered by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act.

In accordance with Federal property regulations, government equipment that is stolen, damaged, or destroyed due to carelessness or negligence on the part of the user is subject to financial liability on the part of the user. For more information on this topic, please see *NIH Manual 26101-25-2-16*.

Upon deactivation of the emergency telework arrangement or termination of employment prior to resolution of the crisis, the Emergency Telework Employee must return all government and contractor property, files, and supplies. If the Emergency Telework Employee's personal computer was used, government-provided software as well as any government records must be permanently deleted or removed.

#### *Training Plan*

In order for emergency telework to be successful, line management, Emergency Telework Employees, and the work group must clearly understand the expectations and requirements pertaining to the emergency arrangement. Emergency Telework Employees must receive adequate support and training in order to successfully perform critical work remotely.

#### *Line Management must:*

- Ensure that all Emergency Telework Employees using remote access complete the mandatory “NIH Security Awareness Training for Remote Access” course, in addition to the required annual security awareness training.
- Ensure that Emergency Telework Employees, designated backups, and others with responsibilities outlined in this guidance document have the telework-related training needed to successfully perform or oversee critical operations. Line managers are encouraged to use the resources outlined in the *Training Plan for Emergency Telework Employees* to provide those in each of the above-mentioned categories with: a) a basic telework course that provides a practical introduction to telework or, in a supervisor/s case, managing teleworkers; and b) a basic remote access course that addresses connectivity issues and solutions, in addition to the mandatory security course.

#### *Testing Plan*

Laboratories and departments must document testing of their telework plans and demonstrate sufficient technological capacity to continue essential operations under widespread telework conditions. The Office of Strategic Management Planning (OSMP)

will be responsible for maintaining this policy and providing advice, assistance, and training. In addition, OSMP and the Center for Information Technology will coordinate to provide advice and assistance for conducting such emergency telework and technological tests and help to establish best practices.

## **Pandemic Flu Plan for Emergency Leave Guidance NCI-Frederick Contractors**

### ***Overview***

This report provides leave guidance for use by NCI-Frederick contractors during the stages of pandemic flu emergency. This guidance can be used to address situations in which employees need to take leave or be advanced leave during a large-scale emergency situation in the event of disaster, such as responding to pandemic influenza or other unique emergency situation. Each contractor is required to ensure that line management is aware of leave options available to employees and their responsibilities as set out in the “Fact Sheet for Leave Options under Pandemic Conditions.”

### ***Scope***

The provisions of this document apply to all NCI-Frederick contractor employees. Line management is responsible for making employees aware of the leave options available to employees and the employees’ responsibilities as identified in the leave policy.

A health pandemic or disaster, unlike other emergencies, can create unique conditions where employees are either not able to work or they must care for their family members. This document addresses the types of leave available to employees and the responsibilities of line managers in approving requests.

### ***Assumptions***

None provided.

### ***Critical Issues***

All employees must comply with policies and procedures relating to time charging at all times. Line management may approve any or all of the following types of leave for employees, if criteria below are met:

Vacation Leave. Employees with prior approval of line management may use accrued vacation leave. See P&P 315/315A, Vacation.

Sick Leave. An employee may use sick leave due to his/her own serious health condition or that of the employee's parent, dependent child, spouse, live-in partner or grandparent residing with the employee, which requires the employee's personal and immediate attention. Dependent children include those that are legally adopted, legally placed in the care of the employee (supported by court documents) and those over the age of 18 who are incapable of self-care due to mental or physical disability. In the event of an absence due to illness, injury, or disability that is expected to exceed one week, paid sick leave in

excess of the employee's accrual may be advanced to the employee. All accrued sick and vacation leave and short-term disability benefits must be exhausted before an employee is eligible for advanced sick leave. Advanced sick leave may be granted upon recommendation of the employee's supervisor and with the approval of the contractor Human Resources representative. The employee receiving advanced sick leave will sign an agreement, stipulating that repayment of any outstanding advanced sick leave in place at the time of the employee's termination of employment must be made. See P&P 316, Sick Leave.

Sick leave may also be approved during periods of local or national crisis when, as determined by the health authorities having jurisdiction or by a health care provider, the employee's presence in the workplace might jeopardize the health of others due to the employee's exposure to a communicable disease.

Leave without Pay/Leave of Absence. Leave without pay may be approved by line management for up to two weeks. Time off in excess of this amount is classified as a Leave of Absence and must be approved by the contractor Human Resources representative. All available paid leave must be used, as appropriate, prior to taking leave without pay. See P&P 318, Leave of Absence.

Family and Medical Leave, or FMLA. The Family and Medical Leave Act of 1993 (FMLA) provides covered employees with an entitlement to a total of up to 12 weeks of time off during any 12-month period due to the serious health condition of the employee or his or her parent, spouse, or dependent child (as described above). See P&P 329, Family Medical Leave.

Leave Donation Program. This program was established to assist employees who have a serious personal or family health emergency and who have exhausted all available paid leave. This benefit is available in the event of a serious medical condition of the employee or his/her spouse, dependent child (as defined above), parent, live-in partner, or grandparent who resides with the employee. See P&P 321, Leave Donation.

Administrative Leave. The NCI-Frederick Director, Management Operations and Support Branch, or designee may approve administrative leave.

Alternate Work Schedule/Credit Hours. An exempt employee may use earned credit hours with the advance approval of line management. All employees may request an alternate work schedule. See P&P 320, Alternative Schedules.

Unscheduled Leave. An unscheduled leave policy may be announced if warranted. This means that those not designated as Essential Employees or Emergency Telework Employees may use vacation leave or leave without pay without the prior approval of line management. Employees are responsible for notifying their supervisors of their situation. Employees designated as Essential Employees or Emergency Telework Employees are expected to report for work on time, regardless of location, unless otherwise notified.

Emergency Telework Employees should consult the telework portion of the *Pandemic Flu Plan* for additional guidance.

**Environment, Health, and Safety**

***Overview***

The OTS Contractor, Environment, Health, and Safety (EHS) directorate maintains that all the respective departments will be operational, even at a sustained 40% reduction in staff as may occur in a pandemic. Departmental cross-training and a 3-deep approach to all response calls will provide this coverage. Some services may be reduced, but none will be terminated. Critical functions and key personnel have been identified.

<i>Department</i>	<i>Critical Function</i>	<i>Justification</i>
<i>Occupational Safety</i>	<i>IACUC; Incident investigation</i>	<i>Compliance with OLAW (Office of Laboratory Animal Welfare) and OSHA</i>
<i>Industrial Hygiene</i>	<i>Emerg. Response - chem; exposure monitoring; IAQ and Odor calls; reproductive hazard evaluations; respiratory protection; risk assessment chem</i>	<i>To assess safe working conditions, e.g., O2 alarms, chem spills, accidents, chem/bio contamination. Recommend control measures to ensure a safe/healthy work environment, OSHA compliance.</i>
<i>Life Safety</i>	<i>Life safety and fire prevention inspections</i>	<i>Maintenance of fire-safe working conditions; ensuring life safety features of buildings are operational.</i>
<i>Biosafety</i>	<i>1 - Regulated Agents Program; 2 - Pathogen/rDNA, bloodborne pathogens; 3- Emergency Response/Hazmat Packaging; 4 - Decon - BSC and tags</i>	<i>1 - Select Agent Rule/CDC compliance; 2 - Path/rDNA - NIH OBA regulatory compliance and research continuance; 3 - packaging - DOT/IATA compliance; 4 - BSC decons - NSF/GMP compliance</i>
<i>Environmental Protection &amp; Waste Management</i>	<i>Respond to chemical and radioactive spills; manage the rad waste buildings; manage the chem waste bldg.; ship chem wastes within 90 days</i>	<i>Regulatory compliance and emergency response</i>

<i>Protective Services</i>	<i>Maintain 24/7 security</i>	<i>Maintain 24/7 security</i>
<i>Administration</i>	<i>Answer phones and greet employees</i>	<i>Maintain and respond to employee requests and emergencies</i>
<i>Radiation Safety</i>	<i>Radiation - Pre-approval of rad orders; pickup, process and delivery of incoming radioactives; response to rad spills; regulatory driven bioassays; regulatory-driving 6-month inventories (2x/yr); regulatory-driving survey meter calibrations (weekly); regulatory-driven contamination surveys</i>	<i>Regulatory compliance</i>
<i>OHS</i>	<i>Work-related injuries; Accident and emergencies; vaccine adm; medical surveillance; research donor program; fitness for duty 2 - administrative duties</i>	<i>Provide for the health and welfare of employees</i>

## **Facilities Maintenance and Engineering**

### ***Overview***

The OTS Contractor, Facilities Maintenance and Engineering (FME) provides around-the-clock, year-round management and coordination of all issues pertaining to the operation, repair, and maintenance of the building utilities, equipment, and systems at NCI-Frederick. The various systems and utilities skill sets available in the organization cover all principles and trades needed for architectural, mechanical, electrical, and plumbing services. During a possible staffing impact due to a pandemic flu, the NCI-Frederick facility operations will continue. This plan describes what facility services will be continued and at what level during the pandemic.

### ***Scope***

This plan covers actions FME will take to maintain operations service of facilities and utility systems for the NCI-Frederick campus during a pandemic flu emergency. For

most systems, the U.S. Army Garrison (USAG) at Fort Detrick provides the infrastructure to NCI; however, FME is responsible for providing operation and maintenance from the building envelope inward. This applies to steam and steam condensate, water and sewer, electric and propane systems. FME has sole responsibility for operation and maintenance of chilled water, compressed air, specialty gases, and telecommunication systems.

### ***Assumptions***

In the event that the federal government or USAG closes the facility, operations will move directly to activation of the Emergency Response Teams (ERT). Mechanics, electricians, plumbers, instrumentation technicians, welders, millwrights, carpenters, and select FME managers are ERT members. Security personnel, rather than FME dispatchers, will man the call-in service desk coverage.

If contracts performance periods for major renovations or construction activities are shut down, significantly delayed, or suspended due to inadequate in-house support, NCI could potentially be liable for some damages or claims from the contractor.

In the event that 20 percent of FME staff could not report to work: NCI construction or renovation project activities would cease, as would response to requests for non-critical support services, such as moves, installation of shelving, etc. Services would be limited to performance of preventive maintenance and repair of programmatic equipment, such as autoclaves and incubators; preventive maintenance of facility equipment, such as heating and cooling systems; and maintenance, repair and monitoring of critical utilities.

In the event that 40 percent of FME staff could not report to work: only maintenance, repair, and monitoring of critical utilities; preventive maintenance of programmatic and facility equipment; and repair of critical equipment would be performed.

If 50 percent of the staff could not report to work: only maintenance, repair, and monitoring of critical utilities, repair of programmatic equipment and preventive maintenance of facility equipment would be performed.

### ***Background and Critical Issues***

An "emergency" applies to the following tasks: Primary utility failures (fire alarm/suppression systems, water, sewage, steam, chilled water, electrical, medical gas); secure utilities or systems to prevent damage or injury; operating rooms, intensive care, critical care and patient care; animal facilities environment; computer areas used for telecommuting; initial response to IC equipment alarms; elevator trap calls. High priority is given to occupied space water leak, card-key access door and gate systems, and locksmith services for security needs only. Routine priority is given to hot and cold calls, general locksmith services, kitchen equipment, and all other service calls such as laboratory utilities, sinks, toilets, and lights.

Services provided by FME are continuous (24/7/365). Maintenance and repair of facility and programmatic equipment, as well of primary utility systems are critical to NCI's

mission. FME will continue to respond to an emergency, based to primary utility failures (fire alarms, oxygen deficiency alarms, major utility leaks, and panel alarms; animal facilities conditions; animal care specialty equipment, such as autoclaves, cage, rack and tunnel washers; sample storage facilities, such as freezers, incubators, walk-in boxes; and specialty hoods, such as bio-safety cabinets and chemical fume hoods). FME also provides critical support to building automation systems; emergency generators, and card key access.

### ***Tasks Required***

Tasks are broadly divided among identifying Crisis Response Teams; identifying vulnerabilities in staffing and utility systems; identifying level of service; and prioritizing facilities based on their criticality.

For procuring critical parts and material, shop planners will utilize existing sources and request funding as needed for critical repairs. If supplies cannot be delivered, the maintenance personnel will pick up materials within a three-hour radius of the specified area where the material is needed. Services will be procured, as needed, using current 8A contracts first. Fuel for vehicles and generators will be purchased through the garage areas and delivered to the onsite pumps. If no gas or diesel deliveries can be made, maintenance will fuel up at offsite gas stations and use the current onsite diesel storage and transport trailer and tank to refuel the generators.

### ***Contingency Planning***

FME recognizes that during a pandemic flu crisis, facility operations will be impacted by the reduction in staff. Critical staff members have already been identified and key functions are represented on the existing Emergency Response Team for NCI-Frederick. If necessary, a number of different work schedules would be implemented to accommodate reduced personnel. Since most of the craftsmen and support personnel in FME are SCA employees, the potential exists that overtime and callout pay will be a significant factor in the budget required for continuing operations as staff availability declines.

In instances where critical parts and materials are not available through the maintenance warehouse, FME shop supervisors will purchase items through the IMPAC process. If IMPAC restrictions limit procurement of necessary items, a standing waiver during emergencies will be put in place.

### ***Current Level of Completion***

Three of the tasks mentioned above—identifying Crisis Response Teams, identifying vulnerabilities in staffing and utility systems, identifying level of service—have been completed.

### ***NCI-Frederick Utility system and vulnerabilities are listed below:***

#### **Emergency generators exist for critical facilities, including:**

- Building 314, Biopharmaceutical Development Program Storage
- Building 350, Telecommunication System

- Building 376, Laboratories, Mass Spec, and NMR
- Building 378, Computer Center
- Buildings 427 and 428, NCI and SAIC Senior Leadership
- Building 429, Animal Facility
- Building 430, Computer Center
- Building 434, Cold Rooms, Laboratory and Nitrogen Repository
- Building 459, Laboratories
- Building 560, Laboratories
- Building 567, Animal Facility
- Building 571, Animal Facility
- Tollhouse, Laboratories
- Building 1061, Animal Facilities
- Building 1063, Compressor Building
- Building 1066, Repository
- Building 1073, Receiving and Storage, Freezer Chambers
- Building 1075, Animal Room
- A mobile generator with connection gear configured for Buildings 538, 539, and 550, the remaining animal facilities, is also available.
- A backup diesel storage tank is not available.

#### Compressed Air

There are house air compressors in most buildings used for both laboratory and utility control purposes (HVAC, steam, hot water, etc.) Some cross-connect piping is in place that allows connecting multiple buildings to one compressor, if the primary compressor fails.

#### Chilled Water

- Five regional chiller plants provide N+1 chiller redundancy per loop
- Broken sections of loop can be isolated to minimize impact

#### Steam

- Steam supplied by US Army Garrison at Ft. Detrick (USAG)
- Loop distribution system; broken sections can be isolated
- Boilers backed up by emergency power
- USAG maintains a 30-day supply of fuel oil for backup

#### Potable Water

- Loop Distribution System; broken sections can be easily isolated
- Depend on volume and pressure from USAG
- Three water towers provide limited water storage

#### Sanitary

- Gravity and pumped system by USAG to waste water treatment plant

Other critical non-maintenance services performed by FME employees, such as dispatch, cost estimating, scheduling, and engineering that can be performed through TELEWORK will be performed this way; non-critical activities will be done only as personnel are available.